

8. AGGREGATE TOTAL OF ALL IN-STATE EVENTS

State the aggregate total amount of all employer expenditures for all In-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). Authority: T.C.A. § 3-6-303(a)(3).

NONE

9. TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

Shirley DeBerry

Signature of Person Completing Report

Print Name of Person: SHIRLEY DEBERRY

5-22-07

Date

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that it is complete and accurate to the best of my knowledge, information and belief.

Shirley DeBerry

Signature of CEO/CFO or Authorized Representative

Print Name of Person: SHIRLEY DEBERRY

5-22-07

Date

I, DOROTHY PARRISH, the undersigned, do hereby witness the above signature of the CEO,
(Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.

Dorothy Parrish

Signature of Witness

5-22-07

Date

WEST TENNESSEE ASSOC. FOR RESIDENTIAL CARE
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901-744-6327



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